



FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

RQ-2

Joe Nilsson, Treasurer
Washington State Democratic
Central Committee
P.O. Box 4027
Seattle, WA 98104

JAN 22 1997

Identification Number: C00114439

Reference: October Quarterly Report (8/29/96-9/30/96)

Dear Mr. Nilsson:

This letter is prompted by the Commission's preliminary review of the report(s) referenced above. The review raised questions concerning certain information contained in the report(s). An itemization follows:

-Schedule A of your report (pertinent portion(s) attached) discloses a contribution(s) which appears to exceed the limits set forth in the Act. 2 U.S.C. §441a(f) and 11 CFR §110.1(d) preclude a committee from receiving contributions from another political committee or person in excess of \$5,000 per calendar year.

If the contribution(s) in question was incompletely or incorrectly disclosed, you should amend your original report with the clarifying information. If the contribution(s) you received exceeded the limits, you must seek reattribution of the contribution pursuant to 11 CFR §110.1(k), transfer-out the amount in excess of \$5,000 to an account not used to influence federal elections or refund the excessive amount to the donor(s) in accordance with 11 CFR §103.3(b). In the best interest of your committee, all reattributions, transfers-out, and refunds should be made within sixty days of the treasurer's receipt of the contribution(s). In order to protect the donor's interests, the Commission recommends that you inform the contributor(s) in writing to provide the donor(s) with the option of granting written authorization for a reattribution or transfer-out to another account or receiving a refund.

WASHINGTON STATE DEMOCRATIC CENTRAL COMMITTEE
PAGE 2

Please inform the Commission of your corrective action immediately in writing and provide a photocopy of your check for the transfer-out or refund. In addition, any reattributions should be reported as memo entries on Schedule A of the report covering the period during which the authorization for the reattribution is received. Any transfers-out or refunds should be disclosed on Schedule B supporting Line 22 or 28 of the report during which the transaction was made.

Although the Commission may take further legal action regarding the acceptance of an excessive contribution(s), prompt action by your committee to seek reattribution, transfer-out or refund the excessive amount will be taken into consideration.

-Schedule A of your report (pertinent portion(s) attached) discloses a receipt(s) of \$8,625 from the WSDCC. Please clarify whether this transfer(s) is from an account maintained by your committee for non-federal activity. If so, be advised that such a transfer is prohibited by 11 CFR §102.5(a)(1)(i) and the full amount of the transfer(s) should be returned to the non-federal account. Please inform the Commission of your corrective action immediately in writing and provide a photocopy of your check for the transfer-out. In addition, the transfer-out should be disclosed on Schedule B supporting Line 22 of your next report.

If this transaction represents an "internal transfer" of funds from one federal account to another, and the source(s) of such funds has been identified in previous reports of receipts and disbursements, please note that such transfers should not be itemized as doing so inflates total receipts and cash on hand. If this is the case, please amend your report accordingly.

Although the Commission may take further legal action regarding the acceptance of funds from a non-federal account, your prompt transfer-out of the impermissible funds or clarification of the transaction, will be taken into consideration.

-Schedule B supporting Line 21(b) (pertinent portion(s) attached) discloses \$1,210.81 in disbursements to '96 Victory Fund - State Exempt for "transfer in-kinds." You are advised that 11 CFR §102.5 prohibits a non-federal account from financing activity in connection with federal

WASHINGTON STATE DEMOCRATIC CENTRAL COMMITTEE
PAGE 3

elections. Please provide clarifying information regarding these transactions including the date(s) when the original activity was conducted by the non-federal account. In addition, if any of the disbursements disclosed on Schedule B supporting Line 21(b) were made to influence the election or defeat of specific federal candidates, the disbursements should be allocated accordingly and disclosed as either in-kind contributions on Schedule B supporting Line 23, or as coordinated expenditures on Schedule F supporting Line 25. 11 CFR §§104.3(b)(3) and 106.1

Although the Commission may initiate legal action regarding the activities conducted by your non-federal account, any clarifying information that you can provide will be taken into consideration.

-Schedule H3 discloses the receipt of \$5,189 from your non-federal account for a fundraising event(s) which is listed as 100% non-federal on Schedules H2 and H4. A committee is permitted to pay the entire amount of an allocable activity from its federal account and receive a transfer(s) from its non-federal account solely to cover the non-federal share of the allocable expense(s). 11 CFR §106.5(g)(i). However, a 100% non-federal fundraising event does not fall within the definitions of an allocable expense, and constitutes an impermissible transfer of funds received by your federal account from your non-federal account.

The Commission recommends you immediately transfer the total amount received by your federal account back to your non-federal account. Although the Commission may take further legal action concerning this prohibited activity, your prompt action will be taken into consideration.

-Schedule H3 of your report discloses a transfer(s)-in from a non-federal account(s) for the 9612 fundraising event which appears to exceed the permissible amount(s) indicated by your allocation ratio for this event. Please be advised that transfers for shared activity must not exceed the non-federal share of the joint disbursements and that these transfers must be made within a 70-day time period: no more than 10 days before or 60 days after payment to the vendor. 11 CFR §§106.5(g)(2) and 106.6(e)(2) Please clarify the nature of these transfers-in from the non-federal account.

WASHINGTON STATE DEMOCRATIC CENTRAL COMMITTEE
PAGE 4

The Commission recommends that you immediately transfer the total excessive amount received by your federal account back to your non-federal account. Although the Commission may take further legal action concerning this prohibited activity, your prompt action will be taken into consideration.

-The totals listed on Lines 11(a)(i) and 11(a)(ii), Column B of the Detailed Summary Page appear to be incorrect. Please be advised that you should add the "Calendar Year-to-Date" total from your previous report to the current "Total This Period" figure from Column A to derive the correct Column B totals. When an individual's aggregate exceeds the \$200 threshold, the amount should not be deducted from the Column B figure for Line 11(a)(ii). Please amend your report and any subsequent reports that may be affected by this correction.

-Schedule A of your report discloses an aggregate year-to-date total(s) for a contribution(s) received from WSDCC which appears to be incorrect. Please amend your report to provide the correct aggregate year-to-date total(s).

-Your EVENT YEAR-TO-DATE calculations for your fundraising events are incorrect. EVENT YEAR-TO-DATE totals for administrative and voter drive costs are derived by aggregating all disbursements during the calendar year for the whole Administrative/Voter Drive category. EVENT YEAR-TO-DATE totals for fundraising, direct candidate support, and exempt activities are derived by aggregating all disbursements during the calendar year within a specific event. These should be calculated by adding the latest disbursement for a category or event to the previous EVENT YEAR-TO-DATE total for that category or event. This running EVENT YEAR-TO-DATE total should be disclosed after each disbursement is listed. Please amend your report by providing the correct fundraising EVENT YEAR-TO-DATE totals.

-Please provide a Schedule B to support the entry reported on Line 22 of the Detailed Summary Page. Each transfer-out to an affiliated committee must be itemized on Schedule B regardless of the amount transferred. 2 U.S.C. §434(b)(5)(B)(i)

WASHINGTON STATE DEMOCRATIC CENTRAL COMMITTEE
PAGE 5

-Please provide a Schedule B to support the entry reported on Line 23 of the Detailed Summary Page. Each contribution made to a federal candidate or committee must be itemized on Schedule B regardless of the amount contributed. 11 CFR §104.3(b)(3)(v)

-The omission of pages 23 and 24 from Schedule H4 has caused the total of disbursements disclosed on the schedule to be less than the totals disclosed on Lines 21(a)(i) and 21(a)(ii) of the Detailed Summary Page. Please amend your report to provide the omitted pages.

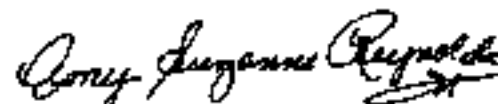
-On Schedule H2, you disclose the ratio for the 9612 fundraising event to be revised; however, Schedule H2 of your 12 Day Pre-Primary Report disclosed a ratio for this activity/event which is identical to the one given in this report. Please amend your report to clarify this discrepancy. 11 CFR §104.10(a)(1)

-On Schedule H2, you disclose the ratios for the 9613, 9614 and HSPTY fundraising events to be revised; however, it appears that these activities/events were not previously reported. Please amend your report to clarify this discrepancy. 11 CFR §104.10(a)(1)

-On Schedule H2, you disclose the ratio for the TEAM event to be NEW; however, your 12 Day Pre-Primary Report disclosed this ratio. Please clarify the nature of this revision. 11 CFR §104.10(a)(1)

A written response or an amendment to your original report(s) correcting the above problem(s) should be filed with the Federal Election Commission within fifteen (15) days of the date of this letter. If you need assistance, please feel free to contact me on our toll-free number, (800) 424-9530. My local number is (202) 219-3580.

Sincerely,



Amy Suzanne Reynolds
Reports Analyst
Reports Analysis Division

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE OF
1 1
FOR LINE NUMBER
11c

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for electoral purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

Washington State Democratic Central Comm

CC0014439

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
NAT'L EDUCATION ASSOC PAC 1201 16th Street NW Washington DC 20036	Occupation	07/19/96	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	250.00	250.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DRIVE POLITICAL FUND 25 Louisiana Avenue NW Washington DC 20001	Occupation	08/02/96	5,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	5,000.00	5,000.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
FRIENDS FOR JIM MCDERMOTT P.O. Box 21786 Seattle WA 98111	Occupation	08/23/96	750.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	1,250.00	750.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional)

6,000.00

TOTAL This Period (last page this line number only)

6,000.00 ✓

FINANCIAL REPORT

Has completed schedule
 Report category of the
 Detailed Summary Page

PAGE 2 OF 2
 FOR LINE NUMBER 11b

Instructions: Complete this report for each report and schedule required by law or regulation for the purpose of collecting contributions or for non-candidate purposes. Do not include the name and address of any person who contributed to the campaign or non-candidate purpose.

WASHINGTON STATE DEMOCRATIC CENTRAL COMMITTEE

CD0014439

A. Full Name, Mailing Address and ZIP Code

Name of Employer

Date (month, day, year)

Amount of Each Receipt This Period

NAME CHECK FOR CONGRESS COMMITTEE

PO Box 1443

Spokane WA 99401

Check for ☐ Primary ☐ General

☐ Other Receipt

Occupation

08/30/95

750.00

B. Full Name, Mailing Address and ZIP Code

Name of Employer

Date (month, day, year)

Amount of Each Receipt This Period

NAME CHECK FOR CONGRESS COMMITTEE

PO Box 1443

Spokane WA 99401

Check for ☐ Primary ☐ General

☐ Other Receipt

Occupation

09/26/95

5,000.00

C. Full Name, Mailing Address and ZIP Code

Name of Employer

Date (month, day, year)

Amount of Each Receipt This Period

NAME CHECK FOR CONGRESS COMMITTEE

PO Box 1443

Spokane WA 99401

Check for ☐ Primary ☐ General

☐ Other Receipt

Occupation

09/24/95

2,500.00

D. Full Name, Mailing Address and ZIP Code

Name of Employer

Date (month, day, year)

Amount of Each Receipt This Period

NAME CHECK FOR CONGRESS COMMITTEE

PO Box 1443

Spokane WA 99401

Check for ☐ Primary ☐ General

☐ Other Receipt

Occupation

09/24/95

5,000.00

E. Full Name, Mailing Address and ZIP Code

Name of Employer

Date (month, day, year)

Amount of Each Receipt This Period

NAME CHECK FOR CONGRESS COMMITTEE

PO Box 1443

Spokane WA 99401

Check for ☐ Primary ☐ General

☐ Other Receipt

Occupation

09/24/95

5,000.00

F. Full Name, Mailing Address and ZIP Code

Name of Employer

Date (month, day, year)

Amount of Each Receipt This Period

NAME CHECK FOR CONGRESS COMMITTEE

PO Box 1443

Spokane WA 99401

Check for ☐ Primary ☐ General

☐ Other Receipt

Occupation

09/24/95

5,000.00

G. Full Name, Mailing Address and ZIP Code

Name of Employer

Date (month, day, year)

Amount of Each Receipt This Period

NAME CHECK FOR CONGRESS COMMITTEE

PO Box 1443

Spokane WA 99401

Check for ☐ Primary ☐ General

☐ Other Receipt

Occupation

09/24/95

5,000.00

H. Full Name, Mailing Address and ZIP Code

Name of Employer

Date (month, day, year)

Amount of Each Receipt This Period

NAME CHECK FOR CONGRESS COMMITTEE

PO Box 1443

Spokane WA 99401

Check for ☐ Primary ☐ General

☐ Other Receipt

Occupation

09/24/95

5,000.00

I. Full Name, Mailing Address and ZIP Code

Name of Employer

Date (month, day, year)

Amount of Each Receipt This Period

NAME CHECK FOR CONGRESS COMMITTEE

PO Box 1443

Spokane WA 99401

Check for ☐ Primary ☐ General

☐ Other Receipt

Occupation

09/24/95

5,000.00

J. Full Name, Mailing Address and ZIP Code

Name of Employer

Date (month, day, year)

Amount of Each Receipt This Period

NAME CHECK FOR CONGRESS COMMITTEE

PO Box 1443

Spokane WA 99401

Check for ☐ Primary ☐ General

☐ Other Receipt

Occupation

09/24/95

5,000.00

K. Full Name, Mailing Address and ZIP Code

Name of Employer

Date (month, day, year)

Amount of Each Receipt This Period

NAME CHECK FOR CONGRESS COMMITTEE

PO Box 1443

Spokane WA 99401

Check for ☐ Primary ☐ General

☐ Other Receipt

Occupation

09/24/95

5,000.00

L. Full Name, Mailing Address and ZIP Code

Name of Employer

Date (month, day, year)

Amount of Each Receipt This Period

NAME CHECK FOR CONGRESS COMMITTEE

PO Box 1443

Spokane WA 99401

Check for ☐ Primary ☐ General

☐ Other Receipt

Occupation

09/24/95

5,000.00

M. Full Name, Mailing Address and ZIP Code

Name of Employer

Date (month, day, year)

Amount of Each Receipt This Period

NAME CHECK FOR CONGRESS COMMITTEE

PO Box 1443

Spokane WA 99401

Check for ☐ Primary ☐ General

☐ Other Receipt

Occupation

09/24/95

5,000.00

N. Full Name, Mailing Address and ZIP Code

Name of Employer

Date (month, day, year)

Amount of Each Receipt This Period

NAME CHECK FOR CONGRESS COMMITTEE

PO Box 1443

Spokane WA 99401

Check for ☐ Primary ☐ General

☐ Other Receipt

Occupation

09/24/95

5,000.00

O. Full Name, Mailing Address and ZIP Code

Name of Employer

Date (month, day, year)

Amount of Each Receipt This Period

NAME CHECK FOR CONGRESS COMMITTEE

PO Box 1443

Spokane WA 99401

Check for ☐ Primary ☐ General

☐ Other Receipt

Occupation

09/24/95

5,000.00

P. Full Name, Mailing Address and ZIP Code

Name of Employer

Date (month, day, year)

Amount of Each Receipt This Period

NAME CHECK FOR CONGRESS COMMITTEE

PO Box 1443

Spokane WA 99401

Check for ☐ Primary ☐ General

☐ Other Receipt

Occupation

09/24/95

5,000.00

Q. Full Name, Mailing Address and ZIP Code

Name of Employer

Date (month, day, year)

Amount of Each Receipt This Period

NAME CHECK FOR CONGRESS COMMITTEE

PO Box 1443

Spokane WA 99401

Check for ☐ Primary ☐ General

☐ Other Receipt

Occupation

09/24/95

5,000.00

R. Full Name, Mailing Address and ZIP Code

Name of Employer

Date (month, day, year)

Amount of Each Receipt This Period

NAME CHECK FOR CONGRESS COMMITTEE

PO Box 1443

Spokane WA 99401

Check for ☐ Primary ☐ General

☐ Other Receipt

Occupation

09/24/95

5,000.00

S. Full Name, Mailing Address and ZIP Code

Name of Employer

Date (month, day, year)

Amount of Each Receipt This Period

NAME CHECK FOR CONGRESS COMMITTEE

PO Box 1443

Spokane WA 99401

Check for ☐ Primary ☐ General

☐ Other Receipt

Occupation

09/24/95

5,000.00

T. Full Name, Mailing Address and ZIP Code

Name of Employer

Date (month, day, year)

Amount of Each Receipt This Period

NAME CHECK FOR CONGRESS COMMITTEE

PO Box 1443

Spokane WA 99401

Check for ☐ Primary ☐ General

☐ Other Receipt

Occupation

09/24/95

5,000.00

U. Full Name, Mailing Address and ZIP Code

Name of Employer

Date (month, day, year)

Amount of Each Receipt This Period

NAME CHECK FOR CONGRESS COMMITTEE

PO Box 1443

Spokane WA 99401

Check for ☐ Primary ☐ General

☐ Other Receipt

Occupation

09/24/95

5,000.00

V. Full Name, Mailing Address and ZIP Code

Name of Employer

Date (month, day, year)

Amount of Each Receipt This Period

NAME CHECK FOR CONGRESS COMMITTEE

PO Box 1443

Spokane WA 99401

Check for ☐ Primary ☐ General

☐ Other Receipt

Occupation

09/24/95

5,000.00

W. Full Name, Mailing Address and ZIP Code

Name of Employer

Date (month, day, year)

Amount of Each Receipt This Period

NAME CHECK FOR CONGRESS COMMITTEE

PO Box 1443

SCHEDULE A

ITEMIZED RECEIPTS

This statement shall be
for each calendar year
beginning January 1, 1996

Page 1 of 1
ACF Form 100-40

Information reported here must be true and correct. Any false or misleading information may be subject to civil or criminal penalties. For the purpose of this statement, the term "contribution" means any item of value received by or for the committee, other than using the services of any individual or entity to obtain contributions from such committee.

NAME OF COMMITTEE (or Party)

Washington State Democratic Central Comm CC0014439

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt
ADAM SMITH FOR CONGRESS CMTEE PO Box 5142 Redondo WA 98054 Received For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other Receipt	Occupation Aggregate Year-to-Date: \$ 5,000.00	09/04/95	5,000.00
BRIAN BAIRD FOR CONGRESS PO Box 11189 OLYMPIA WA 98508 Received For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other Receipt	Name of Employer Occupation Aggregate Year-to-Date: \$ 1,000.00	09/24/96	1,000.00
COMMITTEE TO ELECT JUDY OLSON TO CD PO Box 3146 Spokane WA 99210 Received For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other Receipt	Name of Employer Occupation Aggregate Year-to-Date: \$ 1,000.00	09/24/96	1,000.00
COOPER SMITH FOR CONGRESS PO Box 386 SPokane WA 99044 Received For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other Receipt	Name of Employer Occupation Aggregate Year-to-Date: \$ 5,000.00	09/25/96	5,000.00
BAIRD FOR JIM MCDEMOTT PO Box 11189 OLYMPIA WA 98508 Received For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other Receipt	Name of Employer Occupation Aggregate Year-to-Date: \$ 25,000.00	09/04/96	25,000.00
BAIRD FOR JIM MCDEMOTT PO Box 11189 OLYMPIA WA 98508 Received For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other Receipt	Name of Employer Occupation Aggregate Year-to-Date: \$ 2,750.00	09/25/96	2,750.00
MIKE KESLER FOR CONGRESS COMMITTEE PO Box 4029 SPokane WA 99063 Received For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other Receipt	Name of Employer Occupation Aggregate Year-to-Date: \$ 2,750.00	09/20/96	2,750.00
TOTAL RECEIPTS FOR PERIOD			42,500.00

ASB

SCHEDULE A

ITEMIZED RECEIPTS

 Use expanded schedule(s)
for each category of this
Detailed Summary Page

 PAGE 1 OF 1
FOR LINE NUMBER
11b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

Washington State Democratic Central Comm CC0014439

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
BRIAN BAIRD FOR CONGRESS PO Box 11189 Olympia WA 98508 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	10/08/96	2,000.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
COMMITTEE TO ELECT JUDY OLSON TO CO. PO Box 2146 Spokane WA 99210 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	10/01/96	4,000.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
FRIENDS FOR JIM McDERMOTT PO Box 21786 Seattle WA 98111 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	10/15/96	20,000.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
NORM DICKS FOR CONGRESS COMMITTEE PO Box 1663 Tacoma WA 98401 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	10/10/96	5,000.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
QUIGLEY FOR CONGRESS COMMITTEE 1029 Springbrook Rd Lake Stevens WA 98258 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	10/09/96	2,500.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		

SUBTOTAL of Receipts This Page (optional) 33,500.00

TOTAL This Period (last page this line number only) 33,500.00

SCHEDULE A

ITEMIZED RECEIPTS

(Use separate sheets for each category of the Detailed Summary Page)

PAGE 2 OF 2
FOR LINE NUMBER 11b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for any commercial purposes, other than using the name and address of any political committee to solicit contributions from people on its mailing list.

NAME OF COMMITTEE (in Full)

Washington State Democratic Central Comm

CC0014439

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
FRIENDS FOR JIM MCDERMOTT PO Box 21786 Seattle WA 98111 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	10/31/96	3,000.00
Aggregate Year-to-Date > \$ 52,000.00			
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
LUCILLE ROYBAL-ALLARD FOR CONGRESS PO Box 2187 Bell Gardens CA 90202 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	11/06/96	500.00
Aggregate Year-to-Date > \$ 500.00			
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MINETA FOR CONGRESS COMMITTEE 1245 S Winchester Blvd #314 San Jose CA 95159 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	11/04/96	2,750.00
Aggregate Year-to-Date > \$ 5,000.00			
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MINETA FOR CONGRESS COMMITTEE 1245 S Winchester Blvd #314 San Jose CA 95159 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	11/04/96	2,250.00
Aggregate Year-to-Date > \$ 5,000.00			
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
UNSOELD CAMPAIGN PO Box 2137 Olympia WA 98507 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	10/24/96	250.00
Aggregate Year-to-Date > \$ 250.00			
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
Aggregate Year-to-Date > \$			
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
Aggregate Year-to-Date > \$			

SUBTOTAL of Receipts This Page (optional)

8,750.00

TOTAL This Period (last page this line number only)

8,750.00

SCHEDULE A

ITEMIZED RECEIPTS

Use additional sheets if necessary.
 Do not use for reporting contributions from individuals.
 Do not use for reporting contributions from corporations.

Any information copied from such Reports and Statements may not be used by any person for the purpose of making contributions or for any other purpose, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

Washington State Democratic Central Comm

CC0014439

A. Full Name, Mailing Address and ZIP Code

**WSGCC
 PO Box 4027
 Seattle WA 98104**

Receipt For: ☐ Primary ☒ General
☐ Other (specify):

Name of Employer

Occupation

Date (month, day, year)

09/27/96

Amount of Each Receipt This Period

\$1,579,748.16

Amount of Each Receipt This Period

B. Full Name, Mailing Address and ZIP Code

Receipt For: ☐ Primary ☐ General
☐ Other (specify):

Name of Employer

Occupation

Date (month, day, year)

Aggregate Year-to-Date = 0

Amount of Each Receipt This Period

C. Full Name, Mailing Address and ZIP Code

Receipt For: ☐ Primary ☐ General
☐ Other (specify):

Name of Employer

Occupation

Date (month, day, year)

Aggregate Year-to-Date = 0

Amount of Each Receipt This Period

D. Full Name, Mailing Address and ZIP Code

Receipt For: ☐ Primary ☐ General
☐ Other (specify):

Name of Employer

Occupation

Date (month, day, year)

Aggregate Year-to-Date = 0

Amount of Each Receipt This Period

E. Full Name, Mailing Address and ZIP Code

Receipt For: ☐ Primary ☐ General
☐ Other (specify):

Name of Employer

Occupation

Date (month, day, year)

Aggregate Year-to-Date = 0

Amount of Each Receipt This Period

F. Full Name, Mailing Address and ZIP Code

Receipt For: ☐ Primary ☐ General
☐ Other (specify):

Name of Employer

Occupation

Date (month, day, year)

Aggregate Year-to-Date = 0

Amount of Each Receipt This Period

G. Full Name, Mailing Address and ZIP Code

Receipt For: ☐ Primary ☐ General
☐ Other (specify):

Name of Employer

Occupation

Date (month, day, year)

Aggregate Year-to-Date = 0

Amount of Each Receipt This Period

4-000
SCHEDULE B

FINANCED DISBURSEMENTS

This schedule should be
submitted separately of the
Detailed Summary Page

FOR LINE NUMBER
21b

Information reported here must be true and correct. Any false or misleading information may result in the disallowance of the expenditure of the amount reported, other than using the name and address of any individual contributor to assist in the identification of the expenditure.

NAME OF CONTRIBUTOR (in Full)

Washington State Democratic Central Club

CC0014439

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
CLARION EXECUTIVE PLAZA CHICAGO IL	<input checked="" type="checkbox"/> Campaign <input type="checkbox"/> Other	09/03/96	8,746.00
CLARION EXECUTIVE PLAZA CHICAGO IL	<input checked="" type="checkbox"/> Campaign <input type="checkbox"/> Other	09/03/96	4,728.02
CLARION EXECUTIVE PLAZA CHICAGO IL	<input checked="" type="checkbox"/> Campaign <input type="checkbox"/> Other	09/03/96	740.87
CLARION EXECUTIVE PLAZA CHICAGO IL	<input checked="" type="checkbox"/> Campaign <input type="checkbox"/> Other	09/03/96	271.90
OSBORN & SCHWENKMEYER 100 N CONTINENTAL BLVD STE 10 EL SEGUIN, CA 78245	<input checked="" type="checkbox"/> Campaign <input type="checkbox"/> Other	09/06/96	471.85
96 VICTORY FUND - STATE KIDNAPERS FUND PO BOX 4027 EMERYVILLE, CA 94604	<input checked="" type="checkbox"/> Campaign <input type="checkbox"/> Other	09/11/96	459.48
96 VICTORY FUND - STATE KIDNAPERS FUND PO BOX 4027 EMERYVILLE, CA 94604	<input checked="" type="checkbox"/> Campaign <input type="checkbox"/> Other	09/11/96	283.58
96 VICTORY FUND - STATE KIDNAPERS FUND PO BOX 4027 EMERYVILLE, CA 94604	<input checked="" type="checkbox"/> Campaign <input type="checkbox"/> Other	09/11/96	6,149.00

TOTAL of Disbursements This Page (optional)

21,844.87

TOTAL This Period (last page only)

21,844.87

